Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		-				Primary Source				
CT0120021	CTWC - NORTHERN REG-LLYNWOOD SYSTEM	CTWC - NORTHERN REG-LLYNWOOD SYSTEM C 192 P GW									
Local Address	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural				

Connections

73

Towns Served: BOLTON, VERNON			-
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Chlorine Residual (0999)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		·
	7/1/19 - 9/30/19		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
SPL STA LLYNWD DR (6650)	1/1/18 - 12/31/18	8/10-8/16	Complete
	1/1/19 - 12/31/19	8/10-8/16	<u> </u>
	1/1/20 - 12/31/20	8/10-8/16	
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
· · · · · · · · · · · · · · · · · · ·	1/1/19 - 12/31/21	6/1-9/30	•
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		•
Uranium (4006)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
· ,	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)	, ,	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
			•

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.  $Any inaccuracies \ contained \ herein \ will \ not \ relieve \ the \ owner \ or \ operator \ of \ the \ requirement \ to \ maintain \ compliance \ with \ the \ applicable \ regulations.$ 

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0120021	CTWC - NORTHERN REG-LLYNWOOD SYSTEM	1			С	192	Р	GW		
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural		
		Connections	73							
Towns Served: BOLTON, VERNON										

Towns Served: BOLTON, VERNON			
Monitoring	g Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Combined Radium-226/228 (4010)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Monthly Water System Facility (	WSE) Level Monitorii	ng Requiremen	tc

IVIC	ivionthly water System Facility (WSF) Level Monitoring Requirements										
Water System Facility:	ENTRY POINT (WSFID: 00700)										
Analyte	Monitoring Requirement (Summary Type)	<b>Operating Limi</b>	t	Samples Req/Month							
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L		Daily							
Start Date: 12/1/201	Complianc	Compliance History: Operating Limit		Monitoring							
	Monitoring	Period	Compliance Status	: Compliance Status:							
	11/1/2018	- 11/30/2018		N							
	12/1/2018	- 12/31/2018		N							
	1/1/2019 -	1/31/2019		N							
	2/1/2019 -	2/28/2019		N							
	3/1/2019 -	3/31/2019									
	4/1/2019 -	4/30/2019									

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				1			
PWS ID PWS Name					Population	Owner Type	Primary Source
CT0120021 CTWC - NORTHERN REG-LLYNWOOD SYSTEM				С	192	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	73				

Towns Served: BOLTON, VERNON

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT CCR TO THE DEPARTMENT	6/30/2019								
SUBMIT CCR CERTIFICATION FORM	8/9/2019								
CROSS CONNECTION SURVEY REPORT	3/1/2020								

CROSS CC	INNECTION SURVEY REPORT		3/	1/2020				
	Wa	ter System Facili	ity and Sampling F	Point In	ventor	У		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility IE		ID	Description	Status	Rule		Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	33841	33 SUNNINGDALE LN	Α	Υ	3		
		4	DISTRIBUTION SYSTEM	Α	Υ			
		6650	SPL STA LLYNWD DR	Α	Υ	N	Υ	Υ
		66801	31 LLYNWOOD DR	Α		N		
		66802	80 LLYNWOOD DR	Α		3		
		66803	20 LLYNWOOD DR	Α		3		
		66804	15 COLONIAL RD	Α		3		
		66805	24 COLONIAL RD	Α		3		
		66806	19 COLONIAL ROAD	Α		3		
		66807	38 LYNWOOD DR	Α		1		
		66808	8 COLONIAL RD	Α		3		
		66809	10 COLONIAL RD	Α		3		
		66810	11 COLONIAL RD	Α		3		
		66811	12 COLONIAL RD	Α		3		
		66812	17 COLONIAL RD	Α		3		
		66813	18 COLONIAL RD	Α		3		
		66814	21 COLONIAL RD	Α		3		
		66815	23 COLONIAL RD	Α		3		
		66816	JUNIPER LN	Α		3		
		66817	1 LLYNWOOD DR	Α		3		
		66818	4 LLYNWOOD DR	Α		3		
		66819	5 LLYNWOOD DR	Α		3		
		66820	10 LLYNWOOD DR	Α		3		
		66821	11 LLYNWOOD DR	Α		3		
		66822	13 LLYNWOOD DR	Α		3		
		66823	14 LLYNWOOD DR	Α		3		
		66824	17 LLYNWOOD DR	Α		3		
		66825	18 LLYNWOOD DR	Α		3		
		66826	22 LLYNWOOD DR	Α		3		
		66827	24 LLYNWOOD DR	Α		3		
		66828	25 LLYNWOOD DR	Α		3		
		66829	26 LLYNWOOD DR	Α		3		
		66830	26 LLYNWOOD DR	Α		3		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

### Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				1				
PWS ID PWS Name					sification	Population	Owner Type	Primary Source
CT0120021	CTWC - NORTHERN REG-LLYNWOOD SYSTEM	1			С	192	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial (	Commercia	al Industri	al Combine	ed Agricultural
		Connections	73					

Towns Se	rved: BOLTON, VERNON								
	Wat	er System Facili	ity and Sampling F	oint In	vento	У			
Water		-			Total	Lead and			
System	Water System Facility		Sampling Point		Coliform	Copper			Stage
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
		66831	30 LLYNWOOD DR	Α		3			
		66832	33 LLYNWOOD DR	Α		3			
		66833	34 LLYNWOOD DR	Α		3			
		66834	36 LLYNWOOD DR	Α		3			
		66835	39 LLYNWOOD DR	Α		3			
		66836	44 LLYNWOOD DR	Α		3			
		66837	49 LLYNWOOD DR	Α		3			
		66838	50 LLYNWOOD DR	Α		3			
		66839	9 OCHARD LN	Α		3			
		66840	31 SUNNINGDALE LN	Α		3			
		66842	5 JUNIPER LN	Α		3			
		66843	7 JUNIPER LN	Α		3			
		66844	14 JUNIPER LN	Α		3			
		66845	5 LYNWOOD DR	Α		3			
		66846	9 LYNWOOD DR	Α		3			
		66847	13 LYNWOOD DR	Α		3			
		66848	14 LYNWOOD DR	Α		3			
		66849	21 LYNWOOD DR	Α		3			
		66850	37 LYNWOOD DR	Α		3			
		66851	47 LYNWOOD DR	Α		3			
		66852	50 LYNWOOD DR	Α		3			
		66853	65 LYNWOOD DR	Α		3			
		66854	67 LYNWOOD DR	Α		3			
		66855	68 LYNWOOD DR	Α		3			
		66856	69 LYNWOOD DR	Α		3			
		66857	70 LYNWOOD DR	Α		3			
		66858	71 LYNWOOD DR	Α		3			
		66859	73 LYNWOOD DR	Α		3			
		66860	74 LYNWOOD DR	Α		3			
		66861	77 LYNWOOD DR	Α		3			
		66862	82 LYNWOOD DR	Α		3			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
178	WELL 4	2	WELL 4	Α					
179	WELL 5	2	WELL 5	Α					
180	WELL 2	2	WELL 2	А					
185	WELL 3	2	WELL 3	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Co	onnectic							0			ction	
	Wa	ter Qua	lity Mo	nitorir	ng ai	nd Con	nplia	nce So	chedu	ıle		
PWS ID PV	VS Name						Classif	ication P	opulatio	n Owr	ner Type P	Primary Source
CT0120021 CT	WC - NORTHE	RN REG-LLYI	NWOOD SYS	STEM			(	2	192		Р	GW
Local Address (whe	re applicable)			Servi	ice	Resider	tial Co	mmercial	Indust	rial	Combined	d Agricultural
				Conr	nection	ns 73						
Towns Served: BOL	TON, VERNON	I										
		Water Sy	ystem Fa	cility a	nd Sa	ampling	Poin	t Inven	tory			
Water								Tot	al Lea	d and		
•	ystem Facility	' .	Sampling Po	_	_			Colife		pper		Stage
Facility ID			ID	Desci	ription	)	Sta	itus Ru	le Rul	le Tier	Asbestos	WQP 2 DBPR
37235 ATMOSF	PHERIC STORA	GE										
37237 PRESSU	RE STORAGE											
472 LLYNWC	OD PUMPHO	USE										
55276 LLYNWC	OD PUMP STA	ATION										
			Certifi	ed Ope	rato	r Inform	nation	1				
Water System Fac	cility: DISTR	IBUTION SY	YSTEM (W	SF ID: 006	600)							
Facility Classification	on: DISTRIBUT	TION SYSTEM										Certification
Operator Name			Operator	Туре		Certification	on(s)					Expiration
LABIANCA, MICHAEL ASSIGNED OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II						6/30/2021						
						DISTRIBUT	ION SYS	TEM OPE	RATOR - (	CLASS	Ш	6/30/2021
Water System Fac	cility: LLYN\	NOOD PUN	1PHOUSE (	WSF ID:	472)							
Facility Classification	on: CLASS 1 TI	REATMENT P	LANT									Certification
Operator Name			Operator	Туре		Certification(s) Ex					Expiration	
LABIANCA, MICHAE	L		CHIEF OPER	RATOR	1	WATER TREATMENT PLANT OPERATOR - CLASS II				6/30/2021		
											6/30/2021	
HART, WILLIAM G.			ASSIGNED (	OPERATOR	₹ '	WATER TRI	EATMEN	TMENT PLANT OPERATOR - CLASS II				6/30/2021
						DISTRIBUT	ON SYS	TEM OPE	RATOR - 0	CLASS	III	12/31/2020
			C	Contact	Info	rmation	1					
Name				Organiza	ation						Job Title	
Mr. Craig J. Patla						/ater Comp	anv		Vp, Serv	ice De		
Mailing Address Lin	e One		Mailing Add				- /		City		State	Zip Code
93 West Main Stree								Clinton			СТ	06413
Business Phone	Extension	Fax	N	/lobile Pho	ne	Emergency	/ Phone		ldress		-1-	
860-664-6140						800-391		cpatla@		com		
Contact Role(s): Le	egal Contact							, ,				
Name				Organiza	ation						Job Title	
Mr. David Connors				_		/ater Comp	any		Director	r, Servi		
Mailing Address Line One Mailing Address Line Tw				<u> </u>	•		City	-	State	Zip Code		
93 West Main St					Clinton	•		СТ	06413			
Business Phone	Extension	Fax	1	Nobile Pho	ne	Emergency	/ Phone		ldress			
000 004 0444						000.00	4002	1	<u> </u>			

860-227-4902

dconnors@ctwater.com

860-664-6141

Contact Role(s): Administrative Contact

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sou										
CT0120021	CTWC - NORTHERN REG-LLYNWOOD SYSTEM	С	192	Р	GW						

Connections

Residential Commercial

73

Industrial

Combined

Service

Towns Served: BOLTON, VERNON

Local Address (where applicable)

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Agricultural

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e				
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source			
CT0120031	SOUTHRIDGE PARK APARTMENTS				С	50	Р		GW		
Local Address (where applicable)		Service	Residen	tial	Commerci	al Industri	al Combin	ed A	gricultural		
		Connections	33								

33

Sampling Point (Sampling Point ID)

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/17 - 12/31/19	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	·
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)			tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
, ,	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		2234
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)	10/1/10 10/01/10		
		1	(DT) may these
Net Gross Alpha (4000)		1 routine	(RT) per three years

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

**Monitoring Period** 

**Collection Period** 

**Compliance Status** 

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>							
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0120031	SOUTHRIDGE PARK APARTMENTS				С	50	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial (	Commerci	al Industri	al Combine	ed Agricultural
		Connections	33					

Towns Served: BOLTON			1
Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine (	RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine (	RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine (	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine (	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		· ·
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine (	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)	<u> </u>	1 routine (	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Water System Facility: WELL 1 (WSF ID: 191)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	10/22/18 - 10/28/18		Complete
Water System Facility: WELL 2 (WSF ID: 53281)	<u> </u>		·
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 2 (2)	10/22/18 - 10/28/18		Complete
	iance Schedules		,
Compliance Schedule Activity	Due Date	Achieved Do	ate
	Duc Dute	. terneved Di	

	Connecticu	t Department of	Public F	lealth	Dr	inkir	ig V	Vater	Se	ction	
	Wate	er Quality Monit	oring an	d Com	ıpli	iance	Sc	hedul	le		
PWS ID	PWS Name		<u> </u>			sificatio				er Type P	rimary Source
CT012003	SOUTHRIDGE PAR	K APARTMENTS				С		50		Р	GW
Local Add	lress (where applicable)		Service	Residen	tial	Comme	rcial	Industr	al	Combined	Agricultural
			Connections	33							
Towns Se	rved: BOLTON										
		Other Co	ompliance	Sched	lule	S					
Complian	ce Schedule Activity				Due l	Date		Achie	ved L	Date	
RESPOND	TO SANITARY SURVEY			1:	1/18,	/2013					
SUBMIT C	CCR TO THE DEPARTMENT			6	5/30/	2018					
SUBMIT C	CCR TO THE DEPARTMENT			6	5/30/	2019					
	CCR CERTIFICATION FORM			8	8/9/2	2019					
CROSS CC	CROSS CONNECTION SURVEY REPORT 3/1/2020										
Water System Facility and Sampling Point Inventory											
Water							Tota		and		
System	Water System Facility	Sampling Point		int		C	olifor		•	0-64	Stage
Facility IL 00600		ID A	DISTRIBUTION	NI CVCTENA		Status ^	Rule	е ките	Her	Aspestos	WQP 2 DBPR
00000	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTIO			A A	ī				
		UPSTREAM	WITHIN 5 SEI			A					
00700	ENTRY POINT	3	ENTRY POINT		•	A					
191	WELL 1	2	WELL 1	·		A					
36843	ATMOSPHERIC TANK		WLLL I								
36845	PRESSURE TANK										
53281	WELL 2	2	WELL 2			Α					
33231			Operator	Inform	atio						
Water Sy	stem Facility: <b>DISTRIB</b>	UTION SYSTEM (WSF II									
•	lassification: SMALL WAT	· · · · · · · · · · · · · · · · · · ·	,								Certification
Operator	Name	Operator Type	e C	ertificatio	n(s)						Expiration
KLOBUKO	WSKI, STEVEN J.	CHIEF OPERATO	DR D	ISTRIBUTI	ON S	YSTEM (	OPER/	ATOR - C	LASS I	III	6/30/2020
			W	ATER TRE	ATM	IENT PLA	ANT C	PERATO	R - CL	ASS IV	6/30/2019
WITTENZ	ELLNER, ROBERT	ASSIGNED OPER	RATOR W	/ATER TRE	ATM	IENT PLA	ANT C	PERATO	R - CL	ASS III	9/30/2021
			D	ISTRIBUTI	ON S	YSTEM (	OPER/	ATOR - C	LASS I	III	6/30/2019
		Con	tact Infor	mation	)						
Name		Oı	rganization							Job Title	

Mailing Address Line One Mailing Address Line Two State Zip Code City 266 Boston Turnpike Bolton  $\mathsf{CT}$ 06040 **Business Phone** Fax Emergency Phone Email Address Extension Mobile Phone 860-649-5371 860-649-5371 860-649-8046 Contact Role(s): Administrative Contact, Owner

Mr. Lawrence Fiano

C	Connectic	ut Depa	rtmen	t of	Public !	Health	Drii	nking	Water	Section		
	Wat	ter Qual	lity Mo	nito	oring ar	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source	
CT0120031 S	OUTHRIDGE PA	RK APARTM	ENTS				(	С	50	Р	GW	
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combine	d Agricultural		
					Connection	s 33						
Towns Served: BO	LTON					-						
Name				Or	ganization		Job Title					
Mr. John J. Keefe,	Jr.			Co	Connecticut Water Company				Mgr. Svc. Delivery			
Mailing Address Li	ine One		Mailing A	ddress	Line Two				City	State	Zip Code	
25 North Road								East W	ndsor	СТ	06088	
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Email Address			
800-428-3985	3335	203-654-1	1903			860-286	-5700	jkeefe@	jkeefe@ctwater.com			
Contact Role(s):	Legal Contact											

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0120041	SUNSET APARTMENTS LLC				С	46	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
14-20 SUNSET L	ANE	Connections	23					

Towns Served: BOLTON			
Monitoring Ro	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Uranium (4006)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source			
CT0120041	SUNSET APARTMENTS LLC		С	C 46		GW				
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combin	ed Agricultural			
14-20 SUNSET	LANE	Connections	23							
Towns Served:	Towns Served: BOLTON									
	Monitoring Requirements									

Towns Served: BULTON						
N	Ionitoring Requ	irement	ts			
Water System Facility: ENTRY POINT (WSF ID: 0	00700)					
Combined Radium-226/228 (4010)				1 routi	ine (RT) per t	hree years
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio		ınce Status
ENTRY POINT (3)		1/1/17 - 12	/31/19		Cor	nplete
, ,		1/1/20 - 12				•
Inorganic Chemicals (IOCS)				1 routi	ine (RT) per t	hree years
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio	od Complia	ınce Status
ENTRY POINT (3)		1/1/16 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/21			
		1/1/22 - 12	/31/24			
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio	od Complia	ince Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Pesticides, Herbicides and PCBs - Phase II & V (	SOCS)				1 (RT) per t	hree years
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Complia	ınce Status
ENTRY POINT (3)		1/1/17 - 12	/31/19	1/1-12/31	W	'aiver
Pesticides, Herbicides and PCBs - Phase II & V (	SOCS)			1 routi	ine (RT) per t	hree years
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	· · · · · ·	ınce Status
ENTRY POINT (3)		1/1/20 - 12	/31/22			
Organic Chemicals (VOCS)				1 routi	ine (RT) per t	hree years
Sampling Point (Sampling Point ID)	I	Monitoring	Period	Collection Perio	od Complia	ınce Status
ENTRY POINT (3)		1/1/17 - 12	/31/19			
		1/1/20 - 12	/31/22			
Water System Facility: WELL 1 (WSF ID: 184)						
E. Coli (3014)				1 tri	iggered (TG)	per period
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collection Perio		ınce Status
WELL 1 (2)	1	2/11/18 - 1	2/17/18		Cor	nplete
		1/22/19 - 1	/28/19		Cor	nplete
Otl	ner Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	ed Date	
CROSS CONNECTION EXEMPTION		3/	1/2018			
SUBMIT CCR TO THE DEPARTMENT			0/2019			
SUBMIT CCR CERTIFICATION FORM		8/9	9/2019			
Publi	c Notification R	equiren	nents			
	Compliance	Notice	Public	<u>Notification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	1/14/19 - 1/18/19	2	3/29/201	.9	4/8/2019	

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monito	oring and	d Con	npl	liance S	Schedul	e				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0120041	SUNSET APARTMENTS LLC				С	46	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
14-20 SUNSET L	Connections	23									
Towns Served: E	Towns Served: BOLTON										

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW001	LANDRY ROOM	Α	Υ	2	Υ		
		MW002	APT 2-C	Α	Υ	2			
		MW003	APT 3-C	Α	Υ	2			
		MW004	APT 3-D	Α	Υ	2			
		MW005	APT 1-F	Α	Υ	2			
		MW006	APT 4-A	Α	Υ	2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
184	WELL 1	2	WELL 1	Α					
37778	PRESSURE STORAGE								

37778 PRESSUR	RE STORAGE								
			Cert	ified Operat	tor Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM (	WSF ID: 00600	)				
Facility Classification	n: SMALL WA	TER SYSTEM							Certification
Operator Name			Operat	or Type	Certification(s)				Expiration
LAFRAMBOISE, PAU	L F.		CHIEF OF	PERATOR	DISTRIBUTION SYS	ΓΕΜ ΟΡΕΙ	RATOR - CLASS	1	9/30/2021
					WATER TREATMEN	T PLANT	OPERATOR - C	LASS II	9/30/2021
LAFRAMBOISE, JEFF	REY	,	ASSIGNE	D OPERATOR	DISTRIBUTION SYS	ΓΕΜ ΟΡΕΙ	RATOR - CLASS	1	12/31/2020
				Contact In	formation				
Name			Organization					Job Title	
Sunset Apartments									
Mailing Address Lin	e One		Mailing /	Address Line Two	)		City	State	Zip Code
<b>Emergency Contact</b>						Emerger	ncy Contact	CT	06000
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-647-1342									
Contact Role(s): O	wner								
Name				Organizatio	n			Job Title	1
Mr. Robert P. Archa	ambault			Sunset Apar	tments, LLC				
Mailing Address Line One			Mailing A	Address Line Two	)		City	State	Zip Code
245 Old Colchester Road						Amston		CT	06231
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-543-0907		860-228-3	075			bobnbonnie13@aol.com			
Contact Role(s): Ac	dministrative	Contact, Lega	al Contac	ct, Owner					

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DWS Namo	Classification	Donulation	Owner Type	Dr

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120041	SUNSET APARTMENTS LLC				С	46	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
14-20 SUNSET LANE		Connections	23					

Towns Served: BOLTON

#### Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<u> </u>		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0120111	COOK DRIVE ASSOCIA	ATION			С	49	Р	GW
Local Address (v	here applicable)		Service	Resident	tial Commerci	mmercial Industrial Combined		ed Agricultural
			Connections	19				

Towns Served: BOLTON

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Schedule Generation Date: 4/11/2019

	Water Quality	Monitoring and			ر	,		
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT0120111	COOK DRIVE ASSOCIATION				С	49	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commercia		al Industri	al Combine	ed Agricultural
		Connections	19					

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

Monitoring Period 1/1/20 - 12/31/22	-	RT) per three years
	-	RT) per three years
	-	RT) per three years
	Callantina Davidad	, per anice years
1/1/20 - 12/31/22	Collection Period	Compliance Status
	1 routine (	RT) per three years
Monitoring Period	<b>Collection Period</b>	Compliance Status
1/1/17 - 12/31/19		
1/1/20 - 12/31/22		
	1 routine (	RT) per three years
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1/1/17 - 12/31/19		
1/1/20 - 12/31/22		
	1 routine (	RT) per three years
Monitoring Period	<b>Collection Period</b>	Compliance Status
1/1/17 - 12/31/19		
1/1/20 - 12/31/22		
	1 rc	outine (RT) per year
Monitoring Period	<b>Collection Period</b>	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		
1/1/20 - 12/31/20		
	1 routine (	RT) per three years
<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
1/1/17 - 12/31/19		
1/1/20 - 12/31/22		
	1 routine (	RT) per three years
Monitoring Period	<b>Collection Period</b>	Compliance Status
1/1/17 - 12/31/19		
1/1/20 - 12/31/22		
Schedules		
Due Date	Achieved De	ate
3/1/2018		
6/30/2019		
	1/1/17 - 12/31/19 1/1/20 - 12/31/22  Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22  Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22  Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20  Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22  Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22  Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22  Schedules  Due Date 3/1/2018 6/30/2019 8/9/2019	Monitoring Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Monitoring Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Monitoring Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Collection Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Monitoring Period  1/1/18 - 12/31/19  1/1/20 - 12/31/20  1 routine (  Monitoring Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Collection Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  1 routine (  Collection Period  1/1/17 - 12/31/19  1/1/20 - 12/31/22  2 Schedules  Due Date  3/1/2018  6/30/2019

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM		DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	A A	Υ							

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	Connecticut Department of Fublic Health Drinking Water Section										
	Water Quality	Monitor	ing and	d Con	npl	iance S	Schedul	e			
PWS ID	VS ID PWS Name				Classification		Population	Owner Type	<b>Primary Sourc</b>		
CT0120111	COOK DRIVE ASSOCIATION					С	49	Р	GW		
Local Address (where applicable)			ervice	Residentia		Commerci	al Industri	al Combine	ed Agricultura		
		Co	onnections	19							

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

Water System Facility and Sampling Point Inventory												
Water System Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage					
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR					
	MW001	15 COOK DRIVE	Α	Υ	2							
	MW002	20 COOK DRIVE	Α	Υ	2							
	MW003	21 COOK DRIVE	Α	Υ	2	Υ						
	MW004	29 COOK DRIVE	Α	Υ	2							
	MW005	9 NOTCH ROAD EXT	Α	Υ	2							
	MW006	18 COOK DRIVE	Α	Υ	2							
	UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700 ENTRY POINT	3	ENTRY POINT	Α									
190 WELL 1	2	WELL 1	Α									
37250 PRESSURE TANK												

37250 PRESSURE TANK

Certified	Operator	Information
certified	Operator	IIIIOIIIIauoii

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

			Co	ontact Inf	ormation				
Name				Organization	ı			Job Title	
Mr. Barry Stearns				Cook Drive A	Association		Pres Home	owner Assn	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
21 Cook Drive						Bolton		СТ	06043
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
						bestearr	s@att.net		

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name Classification   Population   Owner Type   Primary Source							Primary Source	
CT0121051	166 & 180 BOSTON TURNPIKE				С	31	Р	GW	
Local Address	ress (where applicable)  Service Residential Commercial Industrial Combined Agricultur								
		Connections	5						

Towns Served: BOLTON

Net Gross Alpha (4000)

Sampling Point (Sampling Point ID)

owns Served: BOLTON			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per six month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		
	1/1/19 - 6/30/19		Complete
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		•
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT-WELL 2 (TRAILERS)	<u> </u>		
Not Gross Alpha (4000)	(1131 12.00700)	1	(DT) por three years

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

**Monitoring Period** 

1 routine (RT) per three years

**Compliance Status** 

**Collection Period** 

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	ıpl	liance S	schedul	.e		
PWS ID	PWS Name Classification Population Ow					Owner Type	Primar	ry Source	
CT0121051	166 & 180 BOSTON TURNPIKE				С	31	Р	G	3W
Local Address (where applicable) Service Reside			Residen	tial	Commerci	al Industri	al Combin	ed Ag	ricultural
		Connections	5						

	3		
Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: ENTRY POINT-WELL 2 (TRAILERS) (W	/SF ID: 00700)		
Net Gross Alpha (4000)		1 routine	(RT) per three year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Uranium (4006)		1 routine	(RT) per three year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Combined Radium-226/228 (4010)		1 routine	(RT) per three year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 re	outine (RT) per yea
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP-TRAILERS (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Comp	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012		
CCTS 5: PWS OCCT INSTALLATION	10/31/2018	12/6/201	8
LEAD PUBLIC EDUCATION REPORT TO STATE	4/30/2019		
SUBMIT CCR TO THE DEPARTMENT	6/30/2019		
SUBMIT CCR CERTIFICATION FORM	8/9/2019		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019		
	, -,		

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				<u> </u>			
PWS ID	PWS Name			Classificatio	Populatio	Owner Type	Primary Source
CT0121051	166 & 180 BOSTON TURNPIKE			С	31	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial Comme	rcial Indust	rial Combin	ed Agricultural
		Connections	5				

Towns Served: BOLTON

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CCTS 6: PWS MONITOR AFTER OCCT INSTALL	12/31/2019							
CCTS 7: DWS TO SPECIFY OPTIMAL WQPS	1/1/2020							
CROSS CONNECTION EXEMPTION	3/1/2020							

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
E. Coli	5/1/17 - 5/31/17	3	9/26/2018		10/6/2018			
E. Coli	4/1/17 - 4/30/17	3	9/26/2018		10/6/2018			
Lead and Copper M&R Violation	7/1/18 - 12/31/18	3	3/12/2020	3/22/2019	3/22/2020	3/27/2019		

	Water S	ystem Facili	ty and Sampling F	oint In	ventor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	166-1	APARTMENT 166-1	Α	Υ	N	Υ	
		166-2	APARTMENT 166-2	Α	Υ	N	Υ	
		166-3	APARTMENT 166-3	Α	Υ	N	Υ	
		168A	TRAILER 168A	Α	Υ	N	Υ	
		168B	TRAILER 168B	Α	Υ	N	Υ	
		168C	TRAILER 168C	Α	Υ	N	Υ	
		168D	TRAILER 168D	Α	Υ	N	Υ	
		168E	TRAILER 168E	Α	Υ	N	Υ	
		180-1	APARTMENT 180-1	Α	Υ	N	Υ	
		180-2	APARTMENT 180-2	Α	Υ	N	Υ	
		180-3	APARTMENT 180-3	Α	Υ	N	Υ	
		180C	TRAILER 180C	Α	Υ	N	Υ	
		180D	TRAILER 180D	Α	Υ	N	Υ	
		4	DISTRIBUTION	Α				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT-WELL 2 (TRAILERS)	3	EP-TRAILERS	Α				
54566	WELL 2	2	WELL 2	Α				
61267	TREATMENT PLANT							

OIZO7 TIVE/VITVIETVIT								
	Certified Operator Information							
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)							
Facility Classification: SN	ALL WATER SYSTEM		Certification					
Operator Name	Operator Type	Certification(s)	Expiration					
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020					
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021					
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	donnecticat Department	or r abite m	Carti	DIMM	g water	Decemon	`
	Water Quality Mor	nitoring and	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classificatio	Population	Owner Type	Primary Source
CT0121051	166 & 180 BOSTON TURNPIKE	С	31	Р	GW		
Local Address	(where applicable)	Service	Residen	itial Comme	cial Indust	rial Combin	ed Agricultural
		Connections	5				
Towns Served:	ROLTON						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOL	TON									
			Certifi	ed Operate	or Information	)				
Water System Fac	cility: DISTR	IBUTION SY	STEM (W	SF ID: 00600)						
Facility Classification	n: SMALL WA	TER SYSTEM							Certification	
Operator Name			Operator	Туре	Certification(s)				Expiration	
					WATER TREATMEN	IT PLANT	OPERATOR -	- CLASS II	6/30/2020	
			C	Contact Info	ormation					
Name				Organization				Job Title		
Mr. Charles J. Minio	cucci			Bolton Route	44 LLC		Manager			
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code	
271 Hop River Rd						Bolton		CT	06043	
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	ddress			
860-649-2871		860-646-1	1038		860-798-0622	mandmo	mandmoil1@yahoo.com			
Contact Role(s): A	dministrative	Contact, Leg	al Contact,	Owner						
Name				Organization				Job Title		
Bolton Route 44 LL	С									
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code	
271 Hop River Rd						Bolton		СТ	06043	
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	ddress			
Contact Role(s): O	wner									

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0121081	890 BOSTON TURNPI	KE			С	60	Р	GW
Local Address (v	here applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
			Connections	1				

Towns Served: BOLTON

Towns Served: BOLTON			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)			tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Comment Day out to	ont of Dodali a I	I a alkla	D:-	1-1	Makes C		
	Connecticut Departme				0		ection	
	Water Quality N	Aonitoring an						
PWS ID	PWS Name			Classifi	ication F	opulation Ov	vner Type Pr	imary Source
CT0121081	890 BOSTON TURNPIKE			(	3	60	Р	GW
Local Address (	where applicable)	Service	Resident	ial Co	mmercia	Industrial	Combined	Agricultura
		Connections	1					
Towns Served:								
	<u> </u>	Monitoring Req	uiremei	nts				
•	Facility: ENTRY POINT (WSF ID:	00700)						
_	emicals (IOCS)					1 routir	e (RT) per t	three years
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	llection Perio	d Compli	ance Status
			1/1/20 - 1	12/31/2	22			
Nitrate And N	Nitrite (NOX)					:	l routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitorir	ng Perio	od Co	llection Period	d Compli	ance Status
ENTRY PO	INT (3)		1/1/18 - 1	12/31/1	18		Co	mplete
			1/1/19 - 1	12/31/1	19		Co	mplete
			1/1/20 - 1	12/31/2	20			
Radionuclide	s - Gross Alpha, Combined Radiun	n & Uranium (RADA	<b>A)</b>			1 ro	utine (RT) រុ	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	llection Period	d Compli	ance Status
ENTRY PO	INT (3)		10/1/18 -	12/31/	18		Co	mplete
			1/1/19 -	3/31/1	9		Co	mplete
			4/1/19 -	6/30/1	9			
			7/1/19 -	9/30/1	9			
Pesticides, He	erbicides and PCBs - Phase II & V	(SOCS)				1 routir	e (RT) per t	hree years
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	llection Period	d Compli	ance Status
ENTRY PO	INT (3)		1/1/17 - 1	12/31/1	19			
			1/1/20 - 1	12/31/2	22			
<b>Organic Chen</b>	nicals (VOCS)					1 ro	utine (RT) រុ	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	llection Period	d Compli	ance Status
ENTRY PO	INT (3)		10/1/18 -	12/31/	18		Co	mplete
			1/1/19 -	3/31/1	9		Co	mplete
			4/1/19 -	6/30/1	9			
			7/1/19 -	9/30/1	9			
	Ot	ther Compliance	e Sched	ules				
Compliance Sch	nedule Activity		E	Due Dat	te	Achieve	l Date	
RESPOND TO SA	ANITARY SURVEY		1,	/21/20	18			
SUBMIT LEAD C	CONSUMER NOTICE CERTIFICATE		9,	/28/20	18			
CROSS CONNEC	CTION SURVEY REPORT		3	3/1/201	19			
SUBMIT CCR TC	THE DEPARTMENT		6,	/30/20	19			
SUBMIT CCR CE	RTIFICATION FORM		8	3/9/201	L9			
	Publ	ic Notification I	Require	ment	ts			
		Compliance	Notice		Public No:	rification	DN Cort	ification

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>					fication			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Organic Chemicals M&R Violation	7/1/18 - 9/30/18	3	11/19/2019	1/10/2019	11/29/2019	1/15/2019		

	V	Vater System Facili	ty and Samp	ling Point I	nvento	ry		
Water System W Facility ID	ater System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF

	Connecticut Department	of I ablic II	Carti	ושו	عسسا	, water	JCCC101	L	
	Water Quality Mor	nitoring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	. Pri	mary Source
CT0121081	CT0121081 890 BOSTON TURNPIKE						Р		GW
Local Address (	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural
		Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW004	UNIT A1	Α	Υ				
		MW006	UNIT A6	Α	Υ				
		MW010	UNIT 10A	Α	Υ				
		MW015	UNIT G3	Α	Υ				
		MW016	UNIT G4	Α	Υ				
		MW017	UNIT G7	Α	Υ				
		MW018	UNIT G6	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
58893	WELL 1	2	WELL 1	Α	·	<u>'</u>	· ·	<u> </u>	

### **Certified Operator Information**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WA	ty Classification: SMALL WATER SYSTEM				
Operator Name	Operator Type	Certification(s)	Expiration		
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021		
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021		
NAPIERATA, KYLE	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021		
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021		

			Organization	)			Lab Title		
				Organization			Job Title		
Mailing Address Line One Mailing Address			ess Line Two		City		State	Zip Code	
					Tolland		СТ	06084	
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress			
					alice0018	@hotmail.com			
E;		xtension Fax	xtension Fax Mo		xtension Fax Mobile Phone Emergency Phone	Tolland xtension Fax Mobile Phone Emergency Phone Email Add	Tolland  xtension Fax Mobile Phone Emergency Phone Email Address	Tolland CT	

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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